

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/653,433</i>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1	1					51	
2		1					52	
3							53	
4				1			54	
5					1		55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10							60	
11							61	
12	1	1					62	
13		1					63	
14	1	1					64	
15	1						65	
16				1			66	
17					1		67	
18					1		68	
19					1		69	
20					1		70	
21						1	71	
22						1	72	
23						1	73	
24						1	74	
25						1	75	
26						1	76	
27						1	77	
28						1	78	
29						1	79	
30						1	80	
31						1	81	
32						1	82	
33						1	83	
34						1	84	
35						1	85	
36						1	86	
37						1	87	
38						1	88	
39						1	89	
40						1	90	
41						1	91	
42						1	92	
43						1	93	
44						1	94	
45						1	95	
46						1	96	
47						1	97	
48						1	98	
49						1	99	
50						1	100	
TOTAL IND.	5		3				TOTAL IND.	
TOTAL DEP.	X10		16				TOTAL DEP.	
TOTAL CLAIMS	21		19				TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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